

# ***Dateline DHMH***

Maryland Department of Health and Mental Hygiene

## **Online License Renewal for Pharmacists**

The Board of Pharmacy recently tested and launched an online license renewal system for pharmacists.

The system, created by David Mitchell, programmer/analyst for the Maryland Health Care Commission (MHCC), allows pharmacists to renew licenses online prior to their expiration.

Ben Steffen, MHCC Deputy Director of Data Systems and Analysis, began developing the process two years ago in an effort to reduce data entry costs for MHCC. At no additional cost to the Board of Pharmacy or its

licensees, the system is now available to all renewing pharmacists in Maryland. The Board licenses 7,200 pharmacists.

To give the Board's Licensing and Information Services staff an opportunity to ensure that the online system was operating properly, notification about the online service was only mailed to 100 pharmacists renewing in November 2003.

Vladimir Konstantinov, Board of Pharmacy database specialist and Sandra Jones, of the Information Resources Management Administration created additional internal processes to ensure that renewal information is updated within days after the pharmacist completes the online renewal.

along with online instructions, are mailed to all pharmacists eligible for renewal.

For more information, visit the Board's Web site at [www.mdbop.org](http://www.mdbop.org), and click on 'Renew Online,' or contact Tamarra Banks, Information Services Manager at 410-764-4701.

## **Fourteen New Drugs Added to MADAP Formulary**

The AIDS Administration has added 14 new drugs to its Maryland AIDS Drug Assistance Program (MADAP) formulary.

Included is enfuvirtide, also known as Fuzeon, the first in a new class of FDA-approved medications known as 'fusion inhibitors.' This represents the first new class of drugs to be approved to treat HIV since 1996. Designed to block HIV's ability to infect healthy cells, fusion inhibitors should be used in combination with other anti-HIV medications which form the 'HIV cocktail.'

Because of its ability to block infection of healthy cells, Fuzeon is active against HIV strains that have become resistant to other drugs. Some studies have shown that a high percentage of HIV infected patients experience



*LaVerne Naesea (center), executive director of the Board of Pharmacy, presents a Certificate of Appreciation to Ben Steffen (left) and David Mitchell.*

The system accepts Visa and MasterCard payments. Shirley Costley, the Board's fiscal officer, worked with staff at Bank of America's Electronic Payment Services Division to implement the credit card payments. Pharmacists also have the option of mailing their payment; however, the license will not be issued until payment is received by the Board. The Board hopes to accept electronic checks soon.

The system allows pharmacists to renew 60 days prior to their renewal expiration date. A paper renewal application,

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## **New Drugs Added to MADAP Formulary** *Cont.*

drug resistance early in their treatment.

Other anti-HIV drugs work after a cell has been infected, by preventing those cells from producing new virus. One of these is a protease inhibitor known as atazanavir, also new to the formulary. Like Fuzeon, atazanavir is used in combination with other anti-HIV drugs.

Among the other drugs added to the MADAP formulary are several antibiotics that allow the Program to provide treatment for a broad range of infections. These include trimethoprim, primaquine, amoxicillin, metronidazole, erythromycin, doxycycline, augmentin, and cephalexin.

Two antidiabetic agents, glipizide and metformin, have also been added. They are used to treat Type 2 diabetes, a frequent side effect of anti-retroviral medications. Fenofibrate, a cholesterol-lowering agent was also approved.

These medications bring the number of drugs available to MADAP clients to 100. MADAP provides medications for the treatment of HIV and AIDS for income-eligible Maryland residents who do not qualify for other drug assistance programs. MADAP has an average of 2,200 clients enrolled each month.

## **Campaign Aims to Educate Maryland Arthritis Sufferers**

Did you know that arthritis affects one third of all Marylanders?

This alarming statistic is one reason for the formation of the Maryland Arthritis Project. Begun in 1999, the project is designed to reach out to people with arthritis to let them know that much can be done to reduce the symptoms of the disease and its lifestyle impact.

Based in the DHMH Center for Health Promotion and supported by funding from the federal Centers for Disease Control and Prevention (CDC), the Maryland Arthritis Project is developing programs to reduce the burden of arthritis in the state.

One major focus is a public awareness campaign called "Physical Activity: The Arthritis Pain Reliever." Using materials developed by the CDC, the campaign targets groups most afflicted by disease — low-income, low-educated persons ages 45 to 65.

The campaign seeks to spread the positive message that many people with arthritis can learn to manage and even reduce the painful symptoms that often accompany the disease.

"People with arthritis often limit or avoid physical activity because it causes discomfort," said Kristen Diaz, health education specialist for the Maryland Arthritis Project. "But research shows that over time, moderate physical activity actually improves symptoms and even prevents further joint deterioration."

The campaign materials reflect a positive outlook and reassure arthritis sufferers that they may benefit from activities that aren't strenuous or difficult.

Low-impact activities like swimming, bicycling and walking are best. Even everyday activities like gardening, house cleaning and washing the car can be helpful. In Baltimore City, bus posters feature African American women walking their dogs.

"We selected five Maryland jurisdictions, including Baltimore City and Allegany, Dorchester, Garrett and Somerset counties, as areas that most closely matched the target populations," Kristen said. Posters and brochures were placed in local businesses, libraries, and federally and state qualified health centers. Campaign materials also were sent to all local health departments and rheumatologists throughout the state.

Another component of the campaign took to the airwaves in the fall, when 60-second public service announcements (PSA) were heard on radio stations all over Maryland.

"The PSA seeks to motivate people with arthritis to get moving. It encourages 30-minutes of activity, three or more days of the week in order to decrease the pain of arthritis and provide other benefits," said Diaz.

*Continued*

## Educating Arthritis Sufferers *Continued*

The PSAs will return to the air in May in recognition of National Arthritis Month.

*Editor's Note: Thanks to Tara Snyder, Community Health Educator in the Center of Health Promotion, Education and Tobacco Use Prevention, for writing this article.*

## Medical Documentation for Reasonable Accommodation May Be Necessary

*Editor's Note: Thanks to ADA Coordinator Mary Starke for writing this article. It is the first in a series discussing aspects of the Americans with Disabilities Act (ADA). Please contact Ms. Starke at 410-767-5184 if you have questions about this or any other ADA issue.*

### When may an employer request medical information in connection with a request for a reasonable accommodation?

An agency is entitled to know that an employee has a covered disability that requires a reasonable accommodation. Therefore, when a disability and/or need for an accommodation is not obvious, the employer may, if it chooses, require that the individual provide reasonable medical documentation about his/her disability and his/her limitations. An employer may also request supplemental documentation when the information already submitted is insufficient to document the disability and/or the functional limitations it causes.

## Calendar of Events

Tuesday and Wednesday, January 27 - 28 — **Blood Drive**, 9:30 a.m. - 3:00 p.m. O'Connor Building lobby. Call Stephanie Brown at 410-767-6403 for more information or to reserve a time.

Tuesday and Wednesday, April 20 - 21 — **Blood Drive**, 9:30 a.m. - 3:00 p.m. O'Connor Building lobby. Call Stephanie Brown at 410-767-6403 for more information or to reserve a time.

Sunday, May 2 — **National Alliance of Mentally Ill Walk**; Centennial Park in Howard County; check-in: 10:00 a.m., walk: 11:00 a.m. Co-sponsored by the Mental Hygiene Administration. Call Jean Smith at 410-402-7517 for more information.

An agency may request information or documentation regarding:

- The nature, severity, and duration of an individual's impairment;
- The activity or activities that the impairment limits;
- The extent to which the impairment limits the individual's ability to perform the activity or activities;
- Why the individual requires reasonable accommodation or the particular reasonable accommodation requested; and/or
- How the reasonable accommodation will assist the individual to perform the essential functions of the job, or enjoy a benefit of the workplace.

### Example:

Richard, who has a severe learning disability, attends numerous meetings. Due to his disability, he finds it extremely difficult to write notes during these meetings, yet his work depends on remembering the details

discussed. Richard asks his supervisor for a laptop computer to use in these meetings. Since neither the disability nor the need for accommodation are obvious, the supervisor may ask Richard for reasonable documentation about the nature, severity, and duration of his impairment; the activity or activities that the impairment limits; and the extent to which the impairment limits his ability to perform the activity or activities. The supervisor also may ask why the disability necessitates use of a laptop computer (or any other type of reasonable accommodation, such as a tape recorder) to help Richard retain the information from the meetings.

Documentation may contain sensitive information about a person's medical condition, which may make some employees uncomfortable about sharing it with supervisors. To avoid this problem, DHMH has a procedure in place for receiving, reviewing and disclosing medical information relating to the employee's disability rather than sharing all the details about the medical condition with the supervisor.

## Preventing Obesity and Overweight

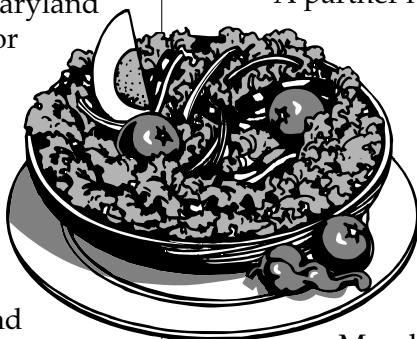
More than half of all Maryland adults are overweight or obese. To tackle this growing problem, DHMH was awarded one of only 20 grants from the Centers for Disease Control and Prevention (CDC) to establish a Nutrition and Physical Activity Program. Deborah DiBona, who joined DHMH in mid-December, is the program's coordinator.

A look at data shows how staggering a problem overweight and obesity are in Maryland. Annual medical costs for obese adults are 37 percent higher than costs for those at healthy weight. Almost seven percent of Medicaid spending can be attributed to obesity.

According to the economists from RTI International and CDC who calculated these cost figures, "Unless programs aimed at reducing the rise in obesity rates are successfully implemented, overweight- and obesity-attributable spending will continue to increase and government will continue to finance a sizeable portion of the total."

The first step in controlling the epidemic of overweight and obesity is the development of a Maryland Nutrition and Physical Activity Plan, with input from partners in health care, schools, and work sites.

This Plan will guide implementation of evidence-



based interventions, not just by DHMH, but also by concerned partners and stakeholders. A partner network is being established to communicate information on opportunities for nutrition and physical activity intervention and updates on Maryland activities in obesity and chronic disease prevention.

DHMH programs are invited to join the planning process and to implement interventions that will influence the eating and activity habits of both adults and children.

Public forums around the State over the next nine months will allow Maryland residents to share their knowledge of what is needed and what works in their communities and to offer ideas and assistance.

A Web site currently in development will keep Marylanders up-to-date on progress of the Plan and contributions of the partners.

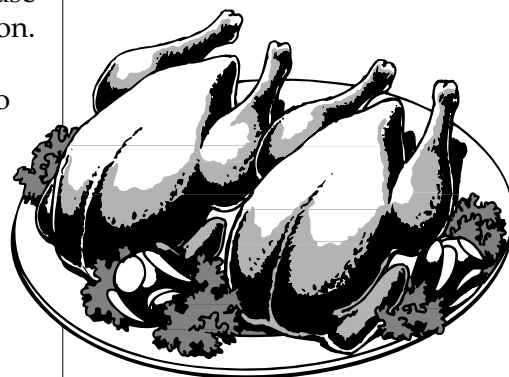
For information about the Nutrition and Physical Activity Program in the Center for



Preventive Health Services, Family Health Administration, contact Peggy Yen at [yenp@dhhm.state.md.us](mailto:yenp@dhhm.state.md.us).

To check your body mass index, an indicator of overweight and obesity, visit <http://nhlbisupport.com/bmi/bmicalc.htm>.

*Editor's Note: Thanks to the staff in the Family Health Administration's Division of Cardiovascular Health and Nutrition for writing this article.*



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